Greater Detroit Area Health Council- Countering the Opioid Epidemic.

Update on CLIMB progress—Treating OUD as a Chronic Illness

Six-month Community-based, Life-changing, Individual, Medically-assisted and Based on evidence program update

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CLIMB OVERVIEW

One-year study seeks to treat the illness as a chronic condition

Two experienced substance abuse treatment facilities in Michigan – Maplegrove & Pine Rest

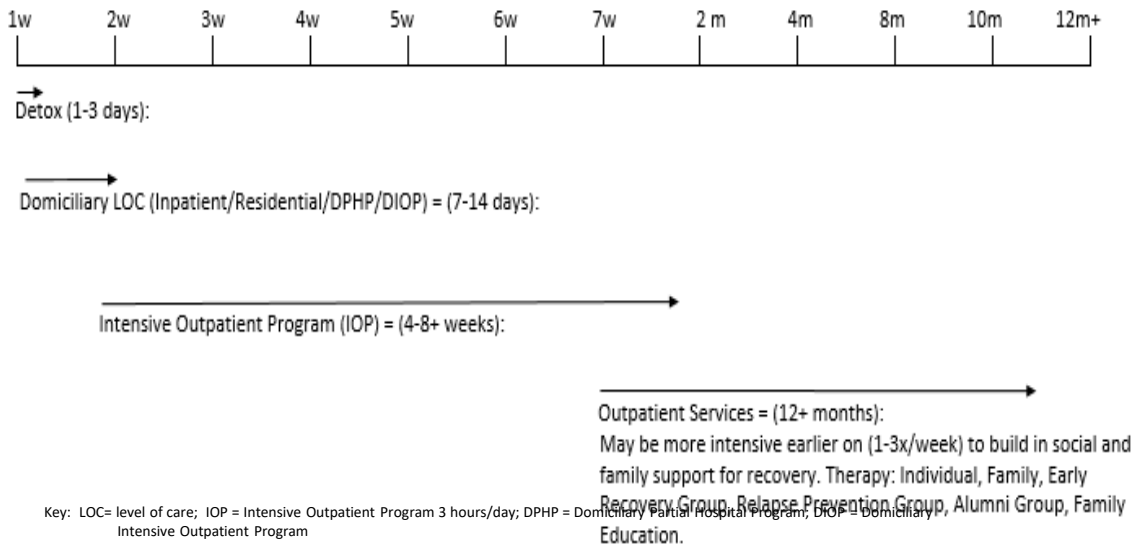
Longer inpatient rehabilitation and intensive outpatient and follow-up outpatient recovery services

Increase the use of medication-assisted treatment and reduce the frequency of the relapse by continued intervention as a outpatient

Treatment Process: Stabilize the condition, start MAT, comprehensive treatment plan, family needs, use of technology/smartphone, in-home LAI/MAT.

Clinical Pathway Flow

individualized treatment determined by medical necessity and clinical needs.



Key: LOC= level of care; IOP = Intensive Outpatient Program 3 hours/day; DPHP = Domiciliary Partial Hospital Program; DIOP = Domiciliary Intensive Outpatient Program

CLIMB Member Count

This represents numbers of those authorized to get treatment treated based on pilot criteria.

Admissions	Authorized	Claims
Maplegrove	61	56
Pine Rest	13	3
TAU (Control) group	n/a	91

Six-month snapshot
May 1, 2018 through October 31, 2018

Metric	CLIMB	TAU/Control	Variance
Average cost of treatment per member			38%
Average cost of other medical treatment per mbr			7.2%
Average cost of emergency department visit			4%
Average cost of inpatient admission (medical)			38%
Percent of member emergency department visits	46%	42%	+4%

- Average treatment cost per member was projected to be 2-3 times more for the CLIMB group. At 6 months, it turn out to be 1.62 times more. However, it's early to speculate.
- CLIMB group is a sicker population to begin with AEB higher medical costs, inpatient medical use, more relapses prior to treatment and more ED utilization

Six-month snapshot
May 1, 2018 through October 31, 2018

Metrics	CLIMB	TAU/Control	Variance
Members participating in IOP Sessions	37%	14%	23%
Members participating in OP Sessions	69%	52%	17%

- Higher participation in Intensive Outpatient Program after following inpatient treatment
- Higher participation in Outpatient treatment following higher levels of care

Six-month snapshot
May 1, 2018 through October 31, 2018

Metric	CLIMB	TAU/Control	Variance
Average number of relapses	14%	9%	+5%
MAT – Maplegrove: at discharge (N=56)	62.5%	46.6%	+15.9%
MAT – Pine Rest: at discharge (N=3)	100%	46.6%	+53.4%
ACHESS utilization	82%	n/a	n/a

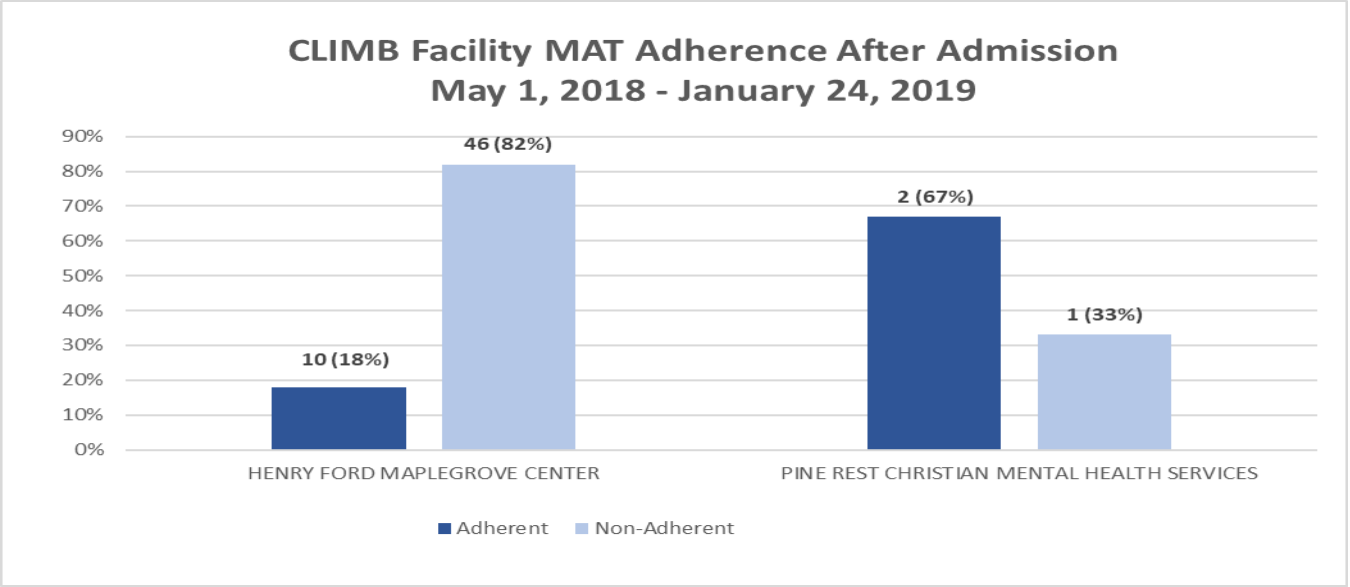
- Higher relapse in CLIMB driven by 18-25 y/o; 5 members out of 59 members did detox only, left treatment early, no MAT, no IOP or outpatient follow-up, utilized ED frequently
- Increase in use of MAT while in CLIMB program
  - Need to resolve post discharge access to MAT; developing plan for statewide resources and out of state.
- ACHESS initial engagement, then lack of utilization

Most members were new to treatment or had at least one prior admission in the year before

Number of Distinct Members in Pilot Population	Number of Members with Prior Opioid Use Disorder Detox Admissions	Total Detox Admissions In Prior Year
44	0	0
8	1	8
3	2	6
2	3	6
2	4	8
59		28

- Seven members had multiple prior admissions
- 47% of the CLIMB population had prior detox episodes

Medically Assisted Treatment Adherence



- Identified solutions are currently being pursued for MAT in aftercare
- Buprenorphine, Naltrexone, and Methadone are all used in MAT treatment

Initial Observations

Slight drop in medical costs during 6 months of CLIMB. Monitor for further trajectory over time.

Aftercare participation significantly improved. CLIMB members appear to be engaged in continued supportive care. (IOP, OP)

Use of MAT as the standard of care is higher than the TAU population.

Analysis

Lack of consistent transition from CLIMB provider to step down or an outside provider

- Engaged BCN Complex Case Management to make contact prior to D/C and monitor member through the transition to aftercare
- HMO and PPO will follow the same protocol

Lack of consistently available MAT resources following discharge

- Developed Long Acting Injectables in the home
- Recruiting providers as MAT provider to enhance the network
- BCN provided suboxone waiver training for 74 providers, free of charge. Plans for another training in the Spring.

Smartphone technology utilization is less than supported in the literature

Average lengths of stay for inpatient and IOP were shorter for pilot plan

- Copays, deductibles and cost impacted treatment plan adherence
- Social determinants – work, family, peer perceptions about length of stay

Additional Barrier Reduction

1) Home Health care agencies that can provide injections in the home

2) Injectable medications are considered medical medications and do not need copay once coinsurance satisfied

   a) Vivitrol, Sublocade

   b) Antipsychotics

3) Medical visits and outpatient therapy does not need prior authorization with in network providers

4) IOP and PHP services need prior authorization

5) Initiating site requirement is being reviewed at JUMP committee

6) Working on starting ED-MAT programming with provider partners

Questions?